

Case Name _____

Docket # _____

**Massachusetts Municipal-Industry Wireless Collaborative
Mediation Pilot Program**

CONFLICT CHECKLIST

In the case between:

To ensure that no conflict or potential conflicts exist regarding your participation, please submit a list of all witnesses, firms, companies, subsidiaries or other entities that may be involved in this case. Failure to list parties on your Checklist may result in a subsequent conflict, and an unnecessary delay of the mediation process.

NAME

COMPANY/AFFILIATION

ADDRESS/STATE

REMINDER – If you intend to have an attorney or other authorized agent represent you at the hearing, you must disclose his/her identity.

DATE: _____

SIGNATURE: _____

Please fax this form to Daniela Messina, Deputy General Counsel,
OCABR at (617) 973-8799

A copy of this form should be sent to all other parties.

**NOTE: PLEASE MAKE SUFFICIENT COPIES OF ALL ORIGINAL FORMS
FOR FUTURE USE.**